

Person Filing: \_\_\_\_\_  
 Address (if not protected): \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Lawyer's Bar Number: \_\_\_\_\_  
 Representing:  Self without a lawyer OR  Attorney for: \_\_\_\_\_

FOR CLERK'S USE ONLY

**SUPERIOR COURT OF ARIZONA  
 IN PIMA COUNTY**

**IN THE MATTER OF:**

**Case Number:** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 (Name(s) of Child(ren))

**ACCEPTANCE OF SERVICE  
 A.R.C.P. 4(f)**

---

**THE PERSON WHO SIGNED BELOW STATES UNDER OATH OR AFFIRMATION:**

**1. ACCEPT AND WAIVE FORMAL SERVICE: I voluntarily accept and waive formal service by process server or sheriff of the court papers listed below and understand by accepting these papers it is the same as if I were personally served under Arizona law.**

(Below: Check the boxes to indicate documents received. If papers received are **not** for a Dependency or to Terminate Parental Rights, check the box for "**Other**," list the type of case and the name of documents received (example: "Petition" or "Notice of Hearing"). Do not check the box unless you received the document.)

<b>JUVENILE DEPENDENCY:</b>	<b>TERMINATE PARENTAL RIGHTS:</b>	<b>OTHER:</b>
<input type="checkbox"/> Petition	<input type="checkbox"/> Petition	
<input type="checkbox"/> Notice of Hearing	<input type="checkbox"/> Notice of Hearing	_____
<input type="checkbox"/> Findings and Temporary Orders	<input type="checkbox"/> Orders Setting Initial Hearing	_____

**2. DOES NOT INDICATE AGREEMENT.** I understand that accepting service does not affect my right to appear at the hearing or file papers with the Court to disagree with what is stated or requested.

- 3. **ATTEND THE HEARING.** I understand that if I do not attend the hearing that I may lose my right to be heard in this case. I understand that failure to appear at the hearing could result in the Court giving the other party any and all things requested in his or her legal papers.
- 4. **MILITARY SERVICE.** I am not in the military forces of the United States of America in any capacity *or* I waive the protection of the Service Members Civil Relief Act.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person Accepting Service

\_\_\_\_\_  
Printed Name of Person Accepting Service

**STATE OF** \_\_\_\_\_

**COUNTY OF** \_\_\_\_\_

Subscribed and sworn to or affirmed before me this: \_\_\_\_\_ by  
(date)

\_\_\_\_\_.

(Notary seal)

\_\_\_\_\_  
Deputy Clerk or Notary Public